



Missouri Department of Revenue
License Offices Bureau
P.O. BOX 629, Jefferson City, MO 65105

License Office Operation Change

Form

5253

(REV. 01-2014)

License Office Name	Contract Number
License Office Location	Contractor

The contractor for the above referenced license office requests to change the following (select all that apply):

- ☐ Contract Manager ☐ Office Manager ☐ Officer ☐ Presiding Officer

Current Manager's or Officer's Name: _____

Proposed Manager's or Officer's Name: _____

Planned Effective Date (MM/DD/YYYY): ____ / ____ / ____

Contract and Office Managers must complete and submit:

- [Form 5485](#) regarding qualifications;
- * [Form 5306](#) to authorize the required tax and background checks; and
- * [Form 5438](#) (Confidentiality Policy Statement).

Officers (including Presiding Officers) must complete and submit:

- [Form 5306](#) to authorize the required tax and background checks; and
- [Form 5438](#) (Confidentiality Policy Statement).

* Does not apply if applicant has a background check on file with the Department that was completed within the last six months and there was no break in service.

- ☐ Location

New Location: _____

Tentative date for opening new location (MM/DD/YYYY): ____ / ____ / ____

Record Square Footage for: Waiting Area _____ Inventory Room _____

Public Customer Service Working Area _____ Non-Public Working Area _____

Submit the following:

- Photographs of the customer waiting area, inventory room, public customer service working area, non-public working area, exterior of the building, and customer parking and label each photo;
- Floor plan of office outlining the above areas with dimensions; and
- [Form 5263](#), Office Location Assessment completed by your Field Coordinator

Once a new office location is approved, you must comply with the [Location Change Requirements](#).

The Department will only consider approving a location that is equal to or better than the current office location.

- ☐ Office Hours

Current hours: _____ Proposed hours: _____ Effective Date (MM/DD/YYYY): ____ / ____ / ____

For contracts issued before September 1, 2013: You cannot reduce the number of hours but you may change or increase them. Upon approval, you must comply with the [Office Hour Change Requirements](#).

- ☐ Holidays and Free Days

Holidays or free days to be replaced: _____

Proposed holidays or free days to substitute: _____

For contracts issued before September 1, 2013: You cannot increase the number of holidays or free days taken. You may reduce, change, or substitute days.

Reason For Change

Signature of Contractor	E-mail Address of Contractor	Date (MM/DD/YYYY) ____ / ____ / ____
-------------------------	------------------------------	---

Please complete and print this form and all attachments, if applicable, and submit to the License Offices Bureau at the above address or fax to (573) 751-5327, along with any other requirements listed above.

Department Response

Comments:

☐ Approved

☐ Denied

Signature of License Offices Bureau Administrator or Manager	Date (MM/DD/YYYY) ____ / ____ / ____
--	---